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October 30, 2014

Linda Cyr, Clerk
Fort Kent District Court
139 Market Street, Suite 101
Fort Kent, ME 04743

Re: *Department of Health and Human Services v. Kaci Hickox*
Docket No.

Dear Ms. Cyr:

Enclosed for filing please find a Verified Petition for Public Health Order of the Department of Health and Human Services in the above-captioned matter. **Please note that pursuant to 22 M.R.S. § 811(6)(E) any hearing or conference related to this matter is confidential, as is the record.** In addition Department records containing personally identifying medical information that are created or obtained in connection with the Department's public health activities are confidential and not open to the public. 22 M.R.S. § 42(5).

We are requesting due to the extraordinary nature of this matter, that it be set for a phone conference with counsel for the parties, identified below, at the earliest opportunity today, October 30, 2014. We also request an order pending hearing and that the matter be set for hearing as soon as possible.

Thank you for your attention to this matter.

Sincerely,

Deanna L. White
Assistant Attorney General
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Tel. (207) 626-8800/626-8822
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DLW

cc: Eric F. Saunders, Esquire, Bernstein, Shur, P.O. Box 9729, Portland, Maine 04104-5029; (20) 228-7256; esaunders@bersteinshur.com
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STATE OF MAINE
AROOSTOOK, ss.

DISTRICT COURT, DISTRICT ONE
DIVISION OF WESTERN AROOSTOOK
FORT KENT, MAINE
CIVIL ACTION DOCKET NO. CV-14-36

MARY C. MAYHEW, COMMISSIONER STATE OF MAINE, DEPARTMENT OF HEALTH AND HUMAN SERVICES Petitioner	)	VERIFIED PETITION FOR PUBLIC HEALTH ORDER (22 M.R.S. §§ 811 & 812)
v.	)	
KACI HICKOX of Fort Kent, Maine County of Aroostook Respondent	)	

I, Sheila Pinette, D.O., first being duly sworn, depose and state as follows and petitions this Honorable Court for a public health measure order pursuant to 22 M.R.S.A.§§ 811 & 812 as follows:

1. I am a physician, duly licensed in the State of Maine, and certified by the American Board of Internal Medicine. I am the Director of the Maine Center for Disease Control and Prevention ("MeCDC"), and am also the acting State Epidemiologist, employed by the Department of Health and Human Services.

2. Petitioner is the Commissioner of the Maine Department of Health and Human Services ("Department").

3. Respondent is a resident of Fort Kent, in the County of Aroostook, and State of Maine.

4. I have personal knowledge of the matters to which I depose herein, except to those matters which I state upon information and belief; and as to matters to which I state upon information and belief, I believe the same to be true to the best of my knowledge.

5. I make these statements in support of the Department's Petition for Public Health Order regarding Kaci Hickox (hereinafter "Respondent").

6. Based upon my medical training and 14 years of experience as a practicing physician, my experience in my role as the Director for the Maine Centers for Disease Control and Prevention, as well as my review of the information given by Respondent in her interviews with state and federal public health officials, and my communications with Respondent, it is my professional opinion the conduct and circumstances ascribed to

Respondent constitute a public health threat within the meaning of the statute. 22 M.R.S. § 801(10).

7. Respondent is a nurse who, for several weeks until October 20, 2014 was treating patients who had been diagnosed with Ebola Viral Disease (or "Ebola"), a viral hemorrhagic fever. Ebola is caused by infection with a virus of the family Filoviridae, genus Ebolavirus. On or about October 20, 2014, Respondent last treated Ebola patients in her role as a nurse for Doctors Without Border in Sierra Leone, Africa. Sierra Leone is one of the three countries with widespread transmission of Ebola.

8. Ebola Virus Disease is spread through direct contact with the blood, sweat, vomit, feces and other body fluids of a symptomatic person. It can also be spread through exposure to needles or other objects contaminated with the virus.

9. This is a petition for a public health order filed in accordance with the provisions of Title 22, Chapter 250 of the Maine Revised Statutes.

10. Upon returning to the United States, Respondent was detained in New Jersey by public health authorities for several days, and tested for Ebola. There is no clear evidence that tests conducted during early stages of the incubation period are accurate due to a low viral load. The test was negative. She then notified public health authorities that she intended to come to Maine.

11. Public Health Officials from Maine Centers for Disease Control contacted Respondent while in route to Maine, and requested that she call Dr. Sheila Pinette, Director of the Maine Centers for Disease Control, to discuss logistics. Respondent did not do so, but did send an e-mail indicating that she intended to spend a night or two in Freeport before continuing on to Fort Kent. Respondent then changed her plan, and travelled to Fort Kent before completing an agreement with Maine CDC about her travel.

12. Transmission of Ebola is usually through direct contact with the blood, sweat, emesis, feces and other body secretions of an infected person, or exposure to objects (such as needles) that have been contaminated with infected secretions.

13. Ebola patients commonly suffer frequent vomiting and diarrhea as the infection progresses. Infectiousness is at its height around the time a person dies from Ebola, so health care workers attending to Ebola patients are at greater risk of exposure.

14. Individuals infected with Ebola Virus Disease who are not showing symptoms are not yet infectious. Early symptoms of Ebola are non-specific and common to many other illnesses.

15. Symptoms usually include: fever, headache, joint and muscle aches, weakness, diarrhea, vomiting, stomach pain, and lack of appetite. Ebola may be present in an individual who does not exhibit any of these symptoms, because they are not yet infectious.

16. The incubation period for the virus, before it can be determined that a person does not have Ebola virus, is 21 days ("the incubation period"). A person who is infected with Ebola virus can start to show symptoms of the disease (become infectious) at any point during the incubation period. A person can test negative for Ebola virus in the early part of the incubation period and later become infectious and test positive.

17. The Respondent remains at risk of being infected with Ebola, until the 21-day time period has passed. The most common time of developing symptoms is during the second week after last exposure. Respondent entered that second week starting October 28, 2014. The surest way to minimize the public health threat is direct active monitoring and additional restrictions on movement and exposure to other persons or the public until a potentially exposed person has passed the incubation period. For Respondent that period expires November 10, 2014.

18. Symptoms usually appear 8 to 10 days after exposure and 90% of cases develop symptoms within the first 14 days of exposure. So the time of greatest risk of showing symptoms and becoming infectious is within the first 14 days of the incubation period. Once someone is displaying symptoms and is actually infected with Ebola, they become increasingly infectious and extremely ill, requiring attendance for basic daily needs within a matter of a few days. There is no known cure for Ebola.

19. Upon information and belief, there have been 10,141 suspected and confirmed cases of Ebola Virus Disease and 4,922 deaths from the current outbreak in West Africa, resulting in a mortality rate of 48.6%.

20. Ebola Virus Disease can only be confirmed through a laboratory test, which must be done at specified laboratories due to the extreme dangerousness of the virus. The laboratory Maine uses is located in Boston, Massachusetts.

21. The Department has classified Viral Hemorrhagic Fevers (such as Ebola), as well as unusual occurrences of disease, as communicable diseases requiring immediate report to MeCDC pursuant to the Department's *Rules for the Control of Notifiable Conditions*, 10-144 C.M.R. Ch. 258.

22. Upon information and belief, even health care workers using Personal Protective Equipment (PPE) remain at risk due to the extraordinary amount of vigilance required to don PPE, doff PPE, monitor PPE for breaches, and disinfect meticulously day in and day out while caring for critically ill patients. Due to these factors, and the virulence of the virus, health care workers who have used PPE and have no known breaches (such as a needle stick) have contracted Ebola. The Respondent's roommate in Africa became infected without knowing how she became infected with Ebola. (Any potential risk to Respondent from that incident has passed).

23. Upon information and belief, the high toll of Ebola virus infections among healthcare workers providing direct care to Ebola patients in Sierra Leone, Liberia, and Guinea (countries with widespread Ebola transmission) shows that there are multiple potential

sources of exposure to Ebola while providing healthcare in these countries. The sources include unrecognized breaches in PPE, inadequate decontamination procedures, and exposure in patient triage areas. The Respondent, as a nurse with the humanitarian assistance organization Doctors Without Borders, travelled to Sierra Leone, a country the federal Centers for Disease Control and Prevention ("US CDC") has designated an area of widespread transmission of Ebola Virus Disease, due to an outbreak of Ebola Virus Disease.

24. Respondent has stated that as recently as October 20, 2014 on her last night at the Ebola Management Center in Sierra Leone before traveling to the United States, she was providing direct patient care to infected individuals critically ill with Ebola.

25. The US CDC issued new guidelines on October 27, 2014 entitled "Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure." These Guidelines are attached as Exhibit A, and incorporated herein by reference. For returning health care workers that have come into close contact with patients infected with Ebola US CDC has created a new category "some risk." The US CDC states that the "some risk" category includes health care workers who have cared for patients without any known PPE problems.

26. Respondent provided health care in a country with widespread Ebola virus transmission, with direct patient contact while wearing appropriate Personal Protective Equipment ('PPE"), with patients symptomatic with Ebola, including critically ill patients who died from the disease. Therefore she falls into the "some risk" category established by US CDC.

27. Respondent is asymptomatic (no fever or other symptoms consistent with Ebola), as of the last check pursuant to her direct active monitoring this morning. Therefore the guidance issued by US CDC states that she is subject to Direct Active Monitoring. Health care workers in the "some risk" category require direct active monitoring for the 21-day incubation period.

28. Direct active monitoring means the MeCDC provides direct observation at least once per day to review symptoms and monitor temperature with a second follow-up daily by phone. The purpose of direct active monitoring is to ensure that if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptoms onset so they can be rapidly isolated and evaluated. Once a person is symptomatic they become contagious to others, and their infectiousness increases very quickly.

29. In addition, US CDC recommends that public health authorities specifically assess each case to determine whether additional restrictions on movement are appropriate. Controls on movement can be based on increased risk factors such as intensity of the exposure. For example, nurses providing daily direct patient care are at greater risk and may require more precautions, than nurses with intermittent visits to hospitals. In this case Respondent is a nurse who had direct daily contact involving the usual intensive

measures taken to care for critically ill and terminally ill patients. Another factor to consider when deciding on appropriate restrictions is Respondent's point in time in the incubation period. Risk of developing symptoms falls substantially in the third week. (Only 10% of people infected with Ebola become symptomatic in the third week.) Respondent is in the second week of the incubation period, which is the most likely time for symptoms to start manifesting. Respondent entered that middle week starting October 28, 2014.

30. In addition, the fact that Respondent lives in a remote area of the state has been considered. Should she become symptomatic, effective and safe transportation, and timely provision of adequate medical facilities for isolation, testing, and care would be of critical importance.

31. Respondent has indicated to the Department that she is willing to participate in Direct Active Monitoring. Respondent has indicated that beyond October 30, 2014, she does not intend to comply with some of the other measures requested below, which are based on the guidance issued by US CDC.

32. The Respondent remains at risk of being infected with Ebola, until the 21-day incubation period has passed. The surest way to minimize the public health threat is direct active monitoring and additional restrictions outlined below until the exposed person has passed the incubation period. For Respondent that period expires November 10, 2014.

33. The law defines a public health threat to mean any condition or behavior that can reasonably be expected to place others at significant risk of exposure to infection with a notifiable disease of condition. 22 M.R.S. § 801(10). As a result of the foregoing, the Respondent poses a public health threat within the meaning of the statute.

34. It is my opinion that Respondent should be subjected to an appropriate public health order for mandatory direct active monitoring and restrictions on movement as soon as possible and until the end of the incubation period, November 10, 2014 to protect the public health and safety.

35. Given those factors, the most recent US CDC guidelines provide for restricting the movement of Respondent, and excluding the Respondent from public places, travel and the workplace. Therefore the Department requests the following provisions be ordered:

    a. Direct Active Monitoring;
    b. Any travel will be coordinated with the public health authorities to ensure uninterrupted direct active monitoring;
    c. Controlled movement to include exclusion from long-distance commercial conveyances or local public conveyances;
    d. Exclusion from public places and congregate gatherings;
    e. Exclusion from workplaces for the duration of a public health order (except to receive necessary healthcare);

f. Non-congregate public activities while maintain a 3-foot distance from others is permitted (i.e., walking or jogging in a park);
g. Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken;
h. The Respondent will not leave the municipality of Fort Kent without direct consultation with public health authorities; and
i. Federal public health travel restrictions may be implemented based on an assessment of the particular circumstance, if Respondent wants to leave the state.

WHEREFORE, Petitioner moves this Honorable Court as follows:

1. To order Respondent to comply with the provisions for limitations on movement outlined above, and cooperate with direct active monitoring until November 10, 2014 in accordance with 22 M.R.S.§ 812(E).

2. Proceed with this matter, including an order pending hearing, in an expedited manner.

3. For such other and further relief as is just and equitable.

VERIFICATION

I, Dr. SHEILA PINETTE., Director of the Maine Center for Disease Control and Prevention, and Acting State Epidemiologist, do verify that I have reviewed the Verified Petition for Public Health Order (22 M.R.S. §§ 811 & 812); that regarding the allegations of which I have personal knowledge, I believe them to be true, and that regarding the allegations of which I do not have personal knowledge, I believe them to be true based on the information or documents identified.

Dated: October 30, 2014

Dr Sheila Pinette DO

Sheila Pinette, D.O.
Director, Maine Center for
Disease Control and Prevention,
Department of Health and Human
Services

JURAT

STATE OF MAINE
KENNEBEC, ss.

Personally appeared SHEILA PINETTE and made oath that the statements set forth in the Verified Petition for Public Health Order are true to the best of her knowledge, information, and belief.

Dated: October 30, 2014

Notary Public/Attorney at Law
TARA L. HARRINGTON
Notary Public, Maine
My Commission Expires 2/8/2020

Dated: October 30, 2014

Deanna L. White
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NOTICE IS HEREBY GIVEN that the Court has scheduled a hearing on the Verified Petition for Public Health Order filed by the Maine Department of Health and Human Services. Pursuant to 22 M.R.S. § 811(4), this Notice is served no less than 3 days before the scheduled hearing, unless that is waived by the Respondent. The hearing will be held at _____ _____ on _____, 2014 at _____(a.m.) (p.m).

YOU HAVE THE RIGHT TO APPEAR AT THE HEARING TO TESTIFY, AND TO PRESENT TESTIMONY AND CROSS-EXAMINE WITNESSES. YOU HAVE THE RIGHT TO BE REPRESENTED BY LEGAL COUNSEL AT THE HEARING AND, IF YOU ARE INDIGENT, THE COURT SHALL APPOINT COUNSEL TO REPRESENT YOU. IN ITS DISCRETION, THE COURT MAY RECEIVE THE TESTIMONY OF OTHER PERSONS AND MAY SUBPOENA OTHER WITNESSES TO APPEAR AT THE HEARING.

ACKNOWLEDGEMENT

This is to acknowledge that I have been personally served with the Notice of Hearing for Public Health Measure this _____ day of _____, 2014.

Dated: _____

Respondent

WAIVER OF NOTICE

This is to acknowledge that I waive Notice of Hearing. I understand that, upon execution of my waiver, the Court may hear the Petition for Public Health Measure immediately.

Dated: _____ _____

Respondent

Interim U.S. Guidance for Monitoring and Movement of Persons with Potential Ebola Virus Exposure

Updated: October 29, 2014

The world is facing the biggest and most complex Ebola outbreak in history. On August 8, 2014, the Ebola outbreak in West Africa was declared by the World Health Organization (WHO) to be a Public Health Emergency of International Concern (PHEIC) because it was determined to be an 'extraordinary event' with public health risks to other countries. The possible consequences of further international spread are particularly serious considering the following factors:

1. the virulence (ability to cause serious disease or death) of the virus,
2. the widespread transmission in communities and healthcare facilities in the currently affected countries, and
3. the strained health systems in the currently affected and most at-risk countries.

Coordinated public health actions are essential to stop and reverse the spread of Ebola. Healthcare workers who take care of patients with Ebola are not only helping the nations facing the Ebola outbreak but also protecting people in the United States by helping to fight the outbreak at its source. The risk in this country will only be fully addressed when the current outbreak in Africa is over, and the participation of US and other healthcare workers from outside of the countries with widespread transmission is essential to control the disease.

With the complex nature and seriousness of the outbreak, CDC has created interim guidance for monitoring people potentially exposed to Ebola and for evaluating their intended travel, including the application of movement restrictions when indicated. This interim guidance has been updated by establishing a "low (but not zero) risk" category; adding a "no identifiable risk" category; modifying the recommended public health actions in the high, some, and low (but not zero) risk categories; and adding recommendations for specific groups and settings.

Definitions used in this document

For exposure level definitions, see: Epidemiologic Risk Factors to Consider when Evaluating a Person for Exposure to Ebola Virus

Active and direct active monitoring

Active monitoring means that the state or local public health authority assumes responsibility for establishing regular communication with potentially exposed individuals, including checking daily to assess for the presence of symptoms and fever, rather than relying solely on individuals to self-monitor and report symptoms if they develop. Direct active monitoring means the public health authority conducts active monitoring through direct observation. The purpose of active (or direct active) monitoring is to ensure that, if individuals with epidemiologic risk factors become ill, they are identified as soon as possible after symptom onset so they can be rapidly isolated and evaluated. Active (or direct active) monitoring could be either conducted on a voluntary basis or compelled by legal order. Active (or direct active) monitoring and prompt follow-up should continue and be uninterrupted if the person travels out of the jurisdiction.

Active monitoring should consist of, at a minimum, daily reporting of measured temperatures and symptoms consistent with Ebola (including severe headache, fatigue, muscle pain, fatigue or weakness, diarrhea, vomiting, abdominal pain, or unexplained hemorrhage) by the individual to the public health authority. Temperature should be measured using an FDA-approved thermometer (e.g. oral, tympanic or noncontact). People being actively monitored should measure their temperature twice daily, monitor themselves for symptoms, report as directed to the public health authority, and immediately notify the public health authority if they develop fever or other symptoms. Initial symptoms can be as nonspecific as fatigue. Clinical criteria for required medical evaluation according to exposure level have been defined (see Table), and should result in immediate isolation and evaluation. Medical evaluation may be recommended for lower temperatures or nonspecific symptoms based on exposure level and clinical presentation.

For direct active monitoring, a public health authority directly observes the individual at least once daily to review symptom status and monitor temperature; a second follow-up per day may be conducted by telephone in lieu of a second direct observation. Direct active monitoring should include discussion of plans to work, travel, take public conveyances, or be present in congregate locations. Depending on the nature and duration of these activities, they may be permitted if the individual has been consistent with direct active monitoring (including recording and reporting of a second temperature reading each day), has a normal temperature and no symptoms whatsoever, and can ensure uninterrupted direct active monitoring by a public health authority.

For healthcare workers under direct active monitoring, public health authorities can delegate the responsibility for direct active monitoring to the healthcare facility's occupational health program or the hospital epidemiologist. Facilities may conduct direct active monitoring by performing fever checks on entry or exit from the Ebola treatment unit and facilitate reporting during days when potentially exposed healthcare workers are not working. The occupational health program or hospital epidemiologist would report daily to the public health authority.

Controlled Movement

Controlled movement limits the movement of people. For individuals subject to controlled movement, travel by long-distance commercial conveyances (e.g., aircraft, ship, bus, train) should not be allowed; if travel is allowed, it should be by noncommercial conveyance such as private chartered flight or private vehicle, and occur with arrangements for uninterrupted active monitoring. Federal public health travel restrictions (Do Not Board) may be used to enforce controlled movement. For people subject to controlled movement, use of local public transportation (e.g., bus, subway) should be discussed with and only occur with approval of the local public health authority.

Isolation

Isolation means the separation of an individual or group who is reasonably believed to be infected with a quarantinable communicable disease from those who are not infected to prevent spread of the quarantinable communicable disease. An individual could be reasonably believed to be infected if he or she displays the signs and symptoms of the quarantinable communicable disease of concern and there is some reason to believe that an exposure had occurred.

Quarantine

Quarantine in general means the separation of an individual or group reasonably believed to have been exposed to a quarantinable communicable disease, but who is not yet ill (not presenting signs or symptoms), from others who have not been so exposed, to prevent the possible spread of the quarantinable communicable disease.

Use of Public Health Orders

Equitable and ethical use of public health orders includes supporting and compensating persons who make sacrifices in their individual liberties and freedoms for public good. Specifically, considerations must be in place to provide shelter, food and lost wage compensation, and to protect the dignity and privacy of the individual. Persons under public health orders should be treated with respect and dignity. Considerable thoughtful planning is needed to implement public health orders properly.

Early Recognition and Reporting of Suspected Ebola Virus Exposures

Early recognition is critical to controlling the spread of Ebola virus. Healthcare providers should evaluate the patient's epidemiologic risk, including a history of travel to a country with widespread Ebola virus transmission or contact with a person with symptomatic Ebola within the previous 21 days. Click here for an evaluation algorithm to determine if testing for Ebola is indicated.

If a diagnosis of Ebola is being considered, the patient should be isolated in a single room (with a private bathroom), and healthcare personnel should follow standard, contact, and droplet precautions, including the use of appropriate personal protective equipment (PPE). Infection control personnel should be contacted immediately.

If Ebola is suspected, the local or state health department should be immediately contacted for consultation and to assess whether testing is indicated and the need for initiating identification of contacts. If there is a high index of suspicion, U.S. health departments should immediately report any persons under investigation to CDC's Emergency Operations Center at 770-488-7100.

Important Evaluation Factors

During investigation of a confirmed case of Ebola, the cohort of potentially exposed individuals is determined based on a risk assessment of the incident. For each potentially exposed individual, both clinical presentation and level of exposure should be taken into account when determining appropriate public health actions, including the need for medical evaluation or active (or direct active) monitoring and the application of movement restrictions when indicated.

Recommendations for Evaluating Ebola Exposure Risk to Determine Appropriate Public Health Actions

This guidance provides public health authorities and other partners with a framework for determining the appropriate public health actions based on risk factors and clinical presentation. It also includes criteria for monitoring exposed people and for when movement restrictions may be indicated.

Federal communicable disease regulations, including those applicable to isolation and other public health orders, apply principally to arriving international travelers and in the setting of interstate movement. State and local authorities have primary jurisdiction for isolation and other public health orders within their borders. Thus, CDC recognizes that state and local jurisdictions may make decisions about isolation, other public health orders, and active (or direct active) monitoring that impose a greater level of restriction than what is recommended by federal guidance, and that decisions and criteria to use such public health measures may differ by jurisdiction.

At this time, CDC recommends:

1. **Symptomatic individuals in the high, some, or low (but not zero) risk categories** who meet the symptom criteria for the category (see Table) should undergo required medical evaluation with appropriate infection control precautions in place. Isolation orders may be considered if necessary to ensure compliance. Federal public health travel restrictions will be issued for individuals in the high risk category, and may be issued for those in the some or low (but not zero) risk categories if there is reasonable belief that the person poses a public health threat during travel. If medical evaluation results in individuals' being discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in the relevant exposure category will apply until 21 days after the last potential exposure.
2. **Asymptomatic individuals in the high risk category** should have direct active monitoring for 21 days after the last potential exposure. The individual should be ensured, through public health orders as necessary, to undergo direct active monitoring, have restricted movement within the community, and no travel on any public conveyances. Non-congregate public activities while maintaining a 3-foot distance from others may be permitted. These individuals are subject to controlled movement which will be enforced by federal public health travel restrictions; travel, if allowed, should occur only by noncommercial conveyances, with coordination by origin and destination states to ensure a coordinated hand-off of public health orders, if issued, and uninterrupted direct active monitoring.
3. **Asymptomatic individuals in the some risk category** should have direct active monitoring until 21 days after the last potential exposure. Public health authorities may consider additional restrictions (see Table) based on a specific assessment of the individual's situation. Factors to consider include the following: intensity of exposure (e.g., daily direct patient care versus intermittent visits to an Ebola treatment unit); point of time in the incubation period (risk falls substantially after 2 weeks); complete absence of symptoms; compliance with direct active monitoring; the individual's ability to immediately recognize and report symptom onset, self-isolate, and seek medical care; and the probability that the proposed activity would result in exposure to others prior to effective isolation.
4. **Asymptomatic individuals in the low (but not zero) risk category** should be actively monitored until 21 days after the last potential exposure. Direct active monitoring is recommended for some individuals in this category (see Table). Individuals in this category do not require separation from others or restriction of movement within the community. For these individuals, CDC recommends that travel, including by commercial conveyances, be permitted provided that they remain asymptomatic and active (or direct active) monitoring continues uninterrupted.
5. **Individuals in the no identifiable risk category** do not need monitoring or restrictions unless these are indicated due to a diagnosis other than Ebola.

Active (or direct active) monitoring is justified for individuals in the some and low (but not zero) risk categories based on a reasonable belief that exposure may have occurred, though the exact circumstances of such exposure may not be fully recognized at any given time. Under such conditions, active (or direct active) monitoring provides a substantial public health benefit. Given the extent and nature of the epidemic, travelers from countries with widespread transmission may be unaware of their exposure to individuals with symptomatic Ebola infection, such as in community settings. Healthcare workers taking care of Ebola patients may have unrecognized exposure even while wearing appropriate PPE.

Additional restrictions, such as use of public health orders, may be warranted if an individual in the some or low (but not zero) risk categories fails to adhere to the terms of active (or direct active) monitoring. Such noncompliance could include refusal by an individual with documented travel from a country with widespread transmission, or other potential contact with a symptomatic Ebola patient, to participate in a public health assessment. Without such information, public health authorities may be unable to complete a risk assessment to determine if an individual has been exposed to, or has signs or symptoms consistent with, Ebola. For travelers from a country with widespread transmission who refuse to cooperate with a public health assessment and appear ill, medical evaluation will be required and isolation orders issued.

Recommendations for specific groups and settings:

Healthcare workers

For the purposes of risk of exposure to Ebola, regardless of country, direct patient contact includes doctors, nurses, physician assistants and other healthcare staff, as well as ambulance personnel, burial team members, and morticians. In addition, others who enter into the treatment areas where Ebola patients are being cared for (such as observers) would be considered to potentially have patient contact and be at risk. Healthcare workers who have no direct patient contact and no entry into active patient management areas, including epidemiologists, contact tracers, airport screeners, as well as laboratory workers who use appropriate PPE, are not considered to have an elevated risk of exposure to Ebola, i.e., are considered to be in the low (but non-zero) risk category.

The high toll of Ebola virus infections among healthcare workers providing direct care to Ebola patients in countries with widespread transmission suggests that there are multiple potential sources of exposure to Ebola virus in these countries, including unrecognized breaches in PPE, inadequate decontamination procedures, and exposure in patient triage areas. Due to this higher risk, these healthcare workers are classified in the some risk category, for which additional precautions may be recommended upon their arrival in the United States (see Table).

Healthcare workers who provide care to Ebola patients in U.S. facilities while wearing appropriate PPE and with no known breaches in infection control are considered to have low (but not zero) risk of exposure

because of the possibility of unrecognized breaches in infection control and should have direct active monitoring. As long as these healthcare workers have direct active monitoring and are asymptomatic, there is no reason for them not to continue to work, including in hospitals and other patient care settings, nor is there a reason for them to have restrictions on travel or other activities. Review and approval of work, travel, use of public conveyances, and attendance at congregate events are not indicated or recommended for such healthcare workers, except to ensure that direct active monitoring continues uninterrupted.

Healthcare workers taking care of Ebola patients in a U.S. facility where another healthcare worker has been diagnosed with confirmed Ebola without an identified breach in infection control are considered to have a higher level of potential exposure (exposure level: high risk). A similar determination would be made if an infection control breach is identified retrospectively during investigation of a confirmed case of Ebola in a healthcare worker. These individuals would be subject to restrictions, including controlled movement and the potential use of public health orders, until 21 days after the last potential unprotected exposure.

In U.S. healthcare facilities where an unidentified breach in infection control has occurred, assessment of infection control practices in the facility, remediation of any identified deficiencies, and training of healthcare workers in appropriate infection control practices should be conducted. Following remediation and training, asymptomatic potentially exposed healthcare workers may be allowed to continue to take care of Ebola patients, but care of other patients should be restricted. For these healthcare workers, the last potential unprotected exposure is considered to be the last contact with the Ebola patient prior to remediation and training; at 21 days after the last unprotected exposure, they would return to the low (but not zero) risk category under direct active monitoring. Healthcare workers whose first Ebola patient care activities occur after remediation and training are considered to be in the low (but not zero) risk category.

Crew on public conveyances

Crew members on public conveyances, such as commercial aircraft or ships, who are not subject to controlled movement are also not subject to occupational restriction and may continue to work on the public conveyance while under active monitoring.

People with confirmed Ebola virus disease

For people with confirmed Ebola, isolation and movement restrictions are removed upon determination by public health authorities that the person is no longer considered to be infectious.

Table: Summary of CDC Interim Guidance for Monitoring and Movement of People Exposed to Ebola Virus

Exposure Category	Clinical Criteria	Public Health Actions
High risk includes any of the following: • Percutaneous (e.g., needle stick) or mucous membrane exposure to blood or body fluids of a person with Ebola while the person was symptomatic • Exposure to the blood or body fluids (including but not limited to feces, saliva, sweat, urine, vomit, and semen) of a person with Ebola while the person was symptomatic without appropriate personal protective equipment (PPE) • Processing blood or body fluids of a person with Ebola while the person was symptomatic without appropriate PPE or standard biosafety precautions • Direct contact with a dead body without appropriate PPE in a country with widespread Ebola virus transmission • Having lived in the immediate household and provided direct care to a person with Ebola while the person was symptomatic	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:* • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding	• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. o Isolation orders may be used to ensure compliance o Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
	Asymptomatic (no fever or other symptoms consistent with Ebola)	• Direct active monitoring • Public health authority will ensure, through orders as necessary, the following minimum restrictions: o Controlled movement: exclusion from all long-distance and local public conveyances (aircraft, ship, train, bus, and subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of the public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Federal public health travel restrictions (Do Not Board) will be implemented to enforce controlled movement • If travel is allowed, individuals are subject to controlled movement o Travel by noncommercial conveyances only o Coordinated with public health authorities at both origin and destination o Uninterrupted direct active monitoring

Exposure Category	Clinical Criteria	Public Health Actions
Some risk includes any of the following: • In countries with widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Close contact in households, healthcare facilities, or community settings with a person with Ebola while the person was symptomatic o Close contact is defined as being for a prolonged period of time while not wearing appropriate PPE within approximately 3 feet (1 meter) of a person with Ebola while the person was symptomatic	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:* • severe headache • muscle pain • vomiting • diarrhea • stomach pain • unexplained bruising or bleeding	• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required o Isolation orders may be used to ensure compliance o Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
	Asymptomatic (no fever or other symptoms consistent with Ebola)	• Direct active monitoring • The public health authority, based on a specific assessment of the individual's situation, will determine whether additional restrictions are appropriate, including: o Controlled movement: exclusion from long-distance commercial conveyances (aircraft, ship, train, bus) or local public conveyances (e.g., bus, subway) o Exclusion from public places (e.g., shopping centers, movie theaters), and congregate gatherings o Exclusion from workplaces for the duration of a public health order, unless approved by the state or local health department (telework is permitted) • Non-congregate public activities while maintaining a 3-foot distance from others may be permitted (e.g., jogging in a park) • Other activities should be assessed as needs and circumstances change to determine whether these activities may be undertaken • Any travel will be coordinated with public health authorities to ensure uninterrupted direct active monitoring • Federal public health travel restrictions (Do Not Board) may be implemented based on an assessment of the particular circumstance o For travelers arriving in the United States, implementation of federal public health travel restrictions would occur after the traveler reaches the final destination of the itinerary

Exposure Category	Clinical Criteria	Public Health Actions
Low (but not zero) risk includes any of the following: • Having been in a country with widespread Ebola virus transmission within the past 21 days and having had no known exposures • Having brief direct contact (e.g., shaking hands), while not wearing appropriate PPE, with a person with Ebola while the person was in the early stage of disease • Brief proximity, such as being in the same room for a brief period of time, with a person with Ebola while the person was symptomatic • In countries without widespread Ebola virus transmission: direct contact while using appropriate PPE with a person with Ebola while the person was symptomatic • Traveled on an aircraft with a person with Ebola while the person was symptomatic	Fever (subjective fever or measured temperature ≥100.4°F/38°C) OR any of the following:* • vomiting • diarrhea • unexplained bruising or bleeding	• Implement rapid isolation with immediate contact of public health authorities to arrange for safe transport to an appropriate healthcare facility for Ebola evaluation • Medical evaluation is required. o Isolation orders may be used to ensure compliance o Air travel is permitted only by air medical transport • If medically evaluated and discharged with a diagnosis other than Ebola, conditions as outlined for asymptomatic individuals in this exposure category will apply
	Asymptomatic (no fever, vomiting, diarrhea, or unexplained bruising or bleeding)	• No restrictions on travel, work, public conveyances, or congregate gatherings • Direct active monitoring for: o U.S.-based healthcare workers caring for symptomatic Ebola patients while wearing appropriate PPE o Travelers on an aircraft with, and sitting within 3 feet of, a person with Ebola • Active monitoring for all others in this category
No identifiable risk includes: • Contact with an asymptomatic person who had contact with person with Ebola • Contact with a person with Ebola before the person developed symptoms • Having been more than 21 days previously in a country with widespread Ebola virus transmission • Having been in a country without widespread Ebola virus transmission and not having any other exposures as defined above	Symptomatic (any)	• Routine medical evaluation and management of ill persons, as needed
	Asymptomatic	• No actions needed

*The temperature and symptoms thresholds provided are for the purpose of requiring medical evaluation. Isolation or medical evaluation may be recommended for lower temperatures or nonspecific symptoms (e.g., fatigue) based on exposure level and clinical presentation.